FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0104
Estimated average burden	
hours per response:	0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

T. M. 1. 1. A.		2. Date of Event Requiring Statement (Month/Day/Year) 09/01/2025	3. Issuer Name and Ticker or Trading Symbol XTI Aerospace, Inc. [XTIA]				
(Last) (Firs C/O XTI AEROSPAC 8123 INTERPORT B	CE, INC.	(Middle)		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Operating Officer		10% Owner Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)
(Street) ENGLEWOOD CO (City) (State		80112 (Zip)					Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities	3. Ownership	4. Nature of Indirect Beneficial Ownership (Instr.		
	Beneficially Owned (Instr. 4)	Form: Direct (D) or	5)		
		Indirect (I) (Instr. 5)	'		

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of		
Stock Option (Right to Buy Common Stock)	10/01/2024	10/01/2034	Common Stock	200(1)	47.5(1)	D	

Explanation of Responses:

 $1.\ Reflects\ the\ impact\ of\ a\ 1-for-250\ reverse\ stock\ split\ of\ the\ Issuer's\ common\ stock\ effective\ as\ of\ January\ 10,\ 2025.$

<u>/s/ Michael A Tapp</u> 09/19/2025

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).